Consolete and send this form, together with applicable fee(s), to: Mail  Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450  or Fax (571) 273-2885  INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed whe appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (New Use Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" of Tissue of mailing can only be used for domestic mailings of the Fee(a) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mailing in the paper of the paper of the paper of the paper. Saint additional paper, such as an assignment or formal drawing, mailing the paper of the paper of the paper. Saint paper of the paper, such as an assignment or formal drawing, mailing the paper of the pa	, COCT	21 11	<b>א</b> פטן	PART	rb- fee	(S) TR.	INSMITTAL		
APPLICATION NO. PLEASE OF COMPOSITION FOR IVF  APPLICATION NO. PLEASE OF	13		d this form, together w		e fee(s), to	: <u>Mail</u>	Mail Stop ISSI Commissioner P.O. Box 1450 Alexandria, Vi	for Patents	
TITLE OF INVENTION: COMPOSITION FOR IVF  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE DATE DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE DATE DUE  BEAMATISE ARY OF TOTAL FEES OF TOTAL FEES OF TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  APPLICATION NO. STATE SAMLE ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEES DUE  A	INSTRUCTION	IS: This	form should be used for to	ensmitting the IS					
CARRENCORRESONNEX ACCURRES (Pince the Black I for say shape of idensity)  20650 7798 07725/2005  NOVO NORDISK, INC. PATENT DEPARTMENT 100 COLLEGE ROAD WEST 100 COLLEGE ROAD WES	maintenance fee	notificat	ions.	** IN DIVINE I, BY	(a) specifyin	notification	of maintenance fees correspondence address	quired). Blocks 1 shrough 5 will be mailed to the currer stransfor (b) indicating a second	should be completed when
23659 7590 07552005  NOVO NORDISK, INC. PATENT DEPARTMENT 100 COLL BGE ROAD WEST PRINCETON, NO 98240  4/2005 TBESHRIP 00000041 141447 10058224  4/2005 TBESHRIP 000000041 141447 10058224  4/2005 TBESHRIP 0000000041 141447 10058224  4/2005 TBESHRIP 0000000041 141447 10058224  4/2005 TBESHRIP 0000000041 141447 10058224  4/2005 TBESHRIP 00000000041 141447 10058224  4/2005 TBESHRIP 000000000000000000000000000000000000	CURRENT COR	RESPONDE	NCE ADDRESS (Note: Use Block 1 )	or say change of addres	=)				PAGE FOR ADDRESS R
PATENT DEPARTMENT 100 COLLEGE ROAD WEST PRINCETON, NJ 08540  \$\frac{1}{4}\text{PED10} \text{ DEPARTMENT } \text{ 10066824} \text{ Suser Stoats State Stoats Library in the Libit Stoats Stoats Stoats Stoats Stoats Stoats Stoats as a new long recommend to the USPTO (727) 1255. on the date indicated before \$\frac{1}{4}\text{ PED 00 } \text{ 100 }  100	23650	. •	7590 07/25/2005				Fec(s) Transmittal 7 papers. Each additionave its own certification	of mailing can only be used this certificate cannot be used hal paper, such as an assignm also of mailing or transmission.	for domestic mailings of the form of the f
Comparison   Com	PATENT 100 COLI	DEPAI JEGE R	RTMENT ROAD WEST	-		•	I hereby certify that States Postal Service addressed to the Mi	ertificate of Mailing or Tract this Fee(s) Transmittal is bein with sufficient postage for fi hil Stop ISSIF FFF address	ismission ing deposited with the Unite list class mail in an envelop
APPLICATION NO. FILING DATE FIRST MAMED INVENTOR ATTORNEY DOCKET NO. CONTRIBATION NO. 19068_224 00:093:002 Trias Meineste Anderson 6248.200-US 7678  APPLICATION NO. FILING DATE FIRST MAMED INVENTOR ATTORNEY DOCKET NO. CONTRIBATION NO. 19068_224 00:093:002 Trias Meineste Anderson 6248.200-US 7678  APPLICATION NO. FILING DATE FIRST MAMED INVENTOR ATTORNEY DOCKET NO. CONTRIBATION NO. 19068_224 00:093:002 Trias Meineste Anderson 6248.200-US 7678  APPLICATION NO. FILING DATE FILING DATE FILING DATE DATE DUE DATE DATE DATE DATE DATE DATE DATE DAT				224			transmitted to the US	PTO (571) 273-2885, on the	
APPLICATION NO. FILING DATE FIRST MAMED INVENTOR ATTORNEY DOCKET NO. CONTRIBUTION 100968,224 COUNTRY)  APPLICATION NO. FILING DATE FIRST MAMED INVENTOR ATTORNEY DOCKET NO. CONTRIBUTION 100968,224 COUNTRY)  APPLICATION NO. FILING DATE FIRST MAMED INVENTOR. ATTORNEY DOCKET NO. CONTRIBUTION NO. 100968,224 COUNTRY)  APPLICATION NO. FILING DATE FIRST MAMED INVENTOR. ATTORNEY DOCKET NO. CONTRIBUTION NO. 100968,224 COUNTRY)  APPLICATION NO. FILING DATE FIRST MAMED INVENTOR ADDRESS OF THE ACCURATE ADDRESS OF THE ACCURATION FEE TOTAL FEE(S) DUE DATE DUE DOCKET NO. 100725/2005  APPLICATION NO. STAND STAND NO. 100725/2005  EXAMINABLE ART LIMIT CLASS-SURGLASS JOB 11700 10725/2005  FOSTER, JIMMY G JOB 17728 ADDRESS OF CHORAGO FOR ADDRESS OF COUNTRY POSSED ADDRESS OF COUNTRY STANDS AND EXPOSED A			55			•	COMBO G	WAITU SSOKOI	CZAs (Depender's name)
APPLICATION NO. FILDIG DATE FIRST MAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10068, 224 020572002 Tran Missionets Anderson 6248, 200-US 7678  TITLE OF INVENTION: COMPOSITION FOR IVF  APPLIN, TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE noneprovisional NO \$1400 \$300 \$1700 10725/2005  EXAMPLE ART UNIT CLASS-SUBCLASS  FUSTER, JiMMY G 3728 206-213100  1. Change of correspondence address or indication of "Fee Address" (37 CPR 1363)  1. Change of correspondence address or indication of "Fee Address" (37 CPR 1363)  1. Change of correspondence address or indication of "Fee Address" (37 CPR 1363)  2. For prinsing on the passent front page, fist (1) the names of up to 3 prejistered patent attorneys or spents of the page of some page of some page of the names of up to 3 prejistered patent attorneys or spents of the name of up to 3 prejistered patent attorneys or agents. If no name is 1000 to 1000 t	しまたいいみ	<i>3</i> 00.00	DA				10	121/25	
10968, 224 00.005 This Meinertz Anderson 6248, 200-US 7678  TITLE OF INVENTION: COMPOSITION FOR IVF  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE  nonprovisional NO \$1400 \$300 \$1700 10725/2005  EXAMINER ART LIMIT CLASS-SUBCLASS  FOSTER, JIMMY G 3728 206-213100  Change of correspondence address or indication of "Fee Address" (37 CPR 1.563)  Change of correspondence address or indication of "Fee Address" (37 CPR 1.563)  Change of correspondence address or indication of "Fee Address" (37 CPR 1.563)  Change of correspondence address or indication of "Fee Address" (37 CPR 1.563)  Address indication (or "Fee Address" Indication forms proceedings of the patent from page, list (1) the names of a single firm (thiving as a member a regulared, and or more recent) annually analysis of a Castomer Number is required, and or more recent) annually analysis of a Castomer Number is required.  ASSIGNEE ANAME AND RESIDENCE DATA TO DE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is detentified below, no assignee date will be page on the patent. If me assignue is identified below, the document has been filled for recordation as set Sort in 37 CPR 3.11. Completion of this form is NOT a subdilidate for filling an ansignue is identified below, the document has been filled for recordation as set Sort in 37 CPR 3.11. Completion of this form is NOT a subdilidate for filling an ansignue is identified below, the document has been filled for recordation as set Sort in 37 CPR 3.11. Completion of this form is NOT a subdilidate for filling an ansignue is identified below, the document has been filled for recordation as set Sort in 37 CPR 3.11. Completion of this form is NOT a subdilidate for filling an ansignue is identified below, the document has been filled for recordation as set Sort in 37 CPR 3.11. Completion of this form is NOT a subdilidate for filling an ansignue of the printed.  An Englishment of Prescip.  An Englishment of Prescip.  An Englishment of Prescip.  An Englishment of				γ	FIRST WAM	CD Day (Ex)			(Dete)
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nongprovisional NO \$1400 \$300 \$1700 10/25/2005  EXAMINER ART UNIT CLASS SUBCLASS  FOSTER, JIMMY G 3728 206-213100  [Change of correspondence address or indication of "Fee Address" (37 [CFR 1].633) correspondence address or indication of "Fee Address" (37 [CFR 1].633) pt 3 [CFR 1].633 pt 3 [CFR 1].633 pt 3 [CFR 1].633 pt 3 [CFR 1].633 pt 3 [CFR 1].634 pt 3 [CFR 1].635 p	. 10/068,2	24	02/05/2002	J				ATTORNEY DOCKET NO.	CONFIRMATION NO.
APPIN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonperovisional NO \$1400 \$300 \$1700 10/25/2005  EXAMINER ART UNIT CLASS-SUPCLASS  FOSTER, JIMMY G 3728 206-213100  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)  Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)  Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)  Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)  Change of correspondence address or indication of "Fee Address" (37 CFR 1.37)  Change of correspondence address or indication of "Fee Address" (37 CFR 1.37)  Change of correspondence address or indication of "Fee Address" (37 CFR 1.37)  Change of correspondence address or indication of "Fee Address" (37 CFR 1.37)  Change of correspondence address or indication of "Fee Address" (37 CFR 1.37)  Change of correspondence address of indication of "Fee Address" (37 CFR 1.37)  Change of correspondence address or indication of "Fee Address" (37 CFR 1.37)  Change of correspondence address or indication of "Fee Address" (37 CFR 1.37)  Change of correspondence address or indication of "Fee Address" (37 CFR 1.37)  Change of correspondence address or indication of "Fee Address" (37 CFR 1.37)  Change of correspondence address or indication of "Fee Address" (37 CFR 1.37)  Change of correspondence address or indication of "Fee Address" (37 CFR 1.37)  Change of correspondence address or indication of "Fee Address" (37 CFR 1.37)  Change of correspondence address or indication of "Fee Address" (42 CFR 1.37)  Change of correspondence address or indication of "Fee Address" (42 CFR 1.37)  Change of correspondence address or indication of "Fee Address" (42 CFR 1.37)  Change of correspondence address or indication of "Fee Address" (42 CFR 1.37)  Change of correspondence address or indication of "Fee Address" (42 CFR 1.37)  Change of correspondence address or indication of the Indication of CFR 1.37 CFR 1.37  Change of corresponden	TITLE OF INVE	NTION: (		,	* 1383 TAIGSUM	enz Andei	rsen	6248.200-US	7678
nonprovisional NO \$1400 \$300 \$1700 10725/2005  EXAMPLE ART UNIT CLASS UBCLASS  FOSTER, JIMMY G 3778 206-213100  1. Change of correspondence address or indication of "Fee Address" (37   2. For prinsing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively or agents of the names of up to 3 registered patent attorneys or agents OR, alternatively or agents OR, alternatively or agents of the names of up to 3 registered patent attorneys or agents OR, alternatively or agents of the names of up to 3 registered patent attorneys or agents OR, alternatively or agen									
EXAMPLE  EXAMPLE  ARTURIT  CLASS-SUBCLAS  1728  206-213100  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence address) (17 CFR 1.363).  Change of correspondence address (or Change of Correspondence address) (18 CFR 1.363).  Change of correspondence address (or Change of Correspondence address) (18 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address (or Change of Correspondence address) (18 CFR 1.363).  CPR 1.363).  CPR 1.363).  Capped of correspondence address (or Change of Correspondence Address (or Change of Correspondence) (18 CFR 1.363).  CPR 1.363).  Capped of correspondence address (or Change of Correspondence) (18 CFR 1.363).  Capped of correspondence address (or Change of Correspondence) (18 CFR 1.363).  Capped of correspondence address (or Change of Correspondence) (18 CFR 1.363).  Capped of correspondence address (or Change of Correspondence) (18 CFR 1.363).  Capped of correspondence address (or Change of Correspondence) (18 CFR 1.363).  Capped of Correspondence address (or Change of Correspondence) (18 CFR 1.364).  Capped of Correspondence (18 CFR 1.364).	APPLN, TY	PE	SMALL ENTITY	ISSUE	FEE	PU	BLICATION FEE	TOTAL FEE/S) DUE	DATE DATE
FOSTER, JIMMY G  3728  206-213160  1. Change of correspondence address or indication of "Fee Address" (37  1. Change of correspondence address for Change of Correspondence Address from priority (136).  1. Change of correspondence address for Change of Correspondence Address from PTO/SB/122) attached.  1. Change of correspondence address for Change of Correspondence Address from PTO/SB/122) attached.  2. For prinsing on the pasent front page, list (1) the names of up to 3 registered patent attorneys or agents the page of a page of the page of a gent of the page of the page of a page of the page of the page of a page of the page of	nonprovisio	NO NO		\$1400					
FOSTER, JIMMY G  3728  206-213100  1. Change of correspondence address or indication of "Fee Address" (37  C. Change of correspondence address (or Change of Correspondence Address from PTO/SB1/22) anached.  1. Change of correspondence address (or Change of Correspondence Address from PTO/SB1/22) anached.  1. Change of correspondence address (or Change of Correspondence Address indication (or "Fee Address" Indication form PTO/SB1/22) anached.  2. For printing on the patent front page, list  (1) the names of a single firm (having as a member a registered attorney or agent) and the names of up to a registered attorney or agent) and the names of up to a registered attorney or agent) and the names of up to a registered patent attorneys or agent). If no name is list, no name is list, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASS NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If no assignment is identified below, the document has been filed for recordation as set forth in 17 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  **Please check the appropriate assignee categories (will not be printed on the patent):     DATE OF ASSIGNEE   A check in the amount of the (sec) is enclosed.    A check in the amount of the (sec) is enclosed.    A check in the amount of the (sec) is enclosed.    A check in the amount of the (sec) is enclosed.    A check in the amount of the (sec) is enclosed.    A check in the amount of the (sec) is enclosed.    A check in the amount of the (sec) is enclosed.    A check in the amount of the (sec) is enclosed.    A check in the amount of the (sec) is enclosed.    A check in the amount of the (sec) is enclosed.    A check in the amount of the (sec) is enclosed.    A check in the amount of the (sec) is enclosed.    A check in the amount of the (sec) is enclosed.    A check in the amount of the (		EXAMINER			ART UNIT		ASS-SUBCLASS	)	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/127) attached.    Tree Address indication (or "Fee Address" indication forms PTO/SB/147; Rev 03-02 or more recently attached. Use of a Castomer PTO/SB/147; Rev 03-02 or more recently attached. Use of a Castomer PTO/SB/147; Rev 03-02 or more recently attached. Use of a Castomer PTO/SB/147; Rev 03-02 or more recently attached. Use of a Castomer PTO/SB/147; Rev 03-02 or more recently attached. Use of a Castomer PTO/SB/147; Rev 03-02 or more recently attached. Use of a Castomer PTO/SB/147; Rev 03-04  A ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If on assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  PLEASE check the appropriate assignee category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Government  4a. The following fee(s) are enclosed:					3728 206-213190				
Change of correspondence address (or Change of Correspondence Address for PTOMSB/127) anached.  Change of correspondence address (or Change of Correspondence Address form PTOMSB/127) anached.  Change of correspondence address (or Change of Correspondence Address form PTOMSB/127) anached.  Change of correspondence address (or Change of Correspondence)  Change of correspondence address (not correspondence)  Change of correspondence (not correspondence)  Change of correspondence address (not correspondence)  Change of correspondence address (not correspondence)  Change of correspondence address (not correspondence)  Change of correspondence (not correspondence)  Change of corresponden					2. For pris	Ning on th	or patent front page, fis	st	
PLEASE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NAME AND RESIDENCE IS Identified below, no assignee data will appear on the patent. If or assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  **PRINTED ON THE PATENT (print or type)  **PRINTED ON THE PATENT (print or type)  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  **PRINTED ON THE PATENT (print or type)  **PRINTED ON THE PATENT (print or type)  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  **PRINTED ON THE PATENT (print or type)  **PRINTED ON THE PATENT (print or type)  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  **PRINTED ON THE PATENT (print or type)  **PRINTED ON THE PATENT (print or type)  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  **PRINTED ON THE PATENT (print or type)  **PRI	Change of correspondence address (or Change of Corresponder				(1) the names of up to 3 registered patent attorneys 1 2EN S. SM 1978				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If on assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling on assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  **Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Government    4a. The following fee(s) are enclosed:   4b. Payment of Fee(s):    (B) RESIDENCE: (CITY and STATE OR COUNTRY)  **Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Government    4a. The following fee(s) are enclosed:   4b. Payment of Fee(s):   A check in the amount of the fee(s) is enclosed.    (B) Payment of Fee(s):   A check in the amount of the fee(s) is enclosed.    (B) Payment of Fee(s):   A check in the amount of the fee(s) is enclosed.    (B) Payment of Fee(s):   A check in the amount of the fee(s) is enclosed.    (CITE The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any proviously paid issue fee to the application identified above.    (CITE: The Issue Fee and Publication Fee (if engined) will not be accepted from anyone other than the applicant; a registered summer or other party in the patent of the United Signs Patent and Andersark Office.    (CIT): 1 2005	PTO/SB/47: Rev 03-02 or more recent dress" Indication form				registered attorney or agent) and the names of up to				
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment is identified below, the document has been filed for (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  **NOVO HORD I SK A S  **Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual Corporation or other private group entity   Government da. The following fee(s) are enclosed:   A check in the amount of the (ee(s) is enclosed.   Payment of Fee(s):   A check in the amount of the (ee(s) is enclosed.   Payment by credit cand. Form PTO-2038 is attached.   Payment by credit cand. Form PTO-2038 is attached.   The Director is hereby authorized by plange the required fee(s), or credit any overpayment, to Deposit Account Number   A paplicant claims SMALL ENTITY status. See 37 CFR 1.27.   D. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).    **OTHER OF THE DIRECTOR of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. other status and findermark Office.    **Authorized Signature   Date OCT, 21, 2005   Date OCT	3. ASSIGNEE NAM	ME AND	RESIDENCE DATA TO BE	PRINTED ON T					TOTAL TOTAL
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  **PROC SYNTAL   DENMARK  Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Government    4a. The following fee(s) are enclosed:   4b. Payment of Fee(s):   Application Fee (No small entity discount permitted)   Payment of Fee(s):   Application Fee (No small entity discount permitted)   Payment by credit cand. Form PTO-2038 is attached.   Payment by credit cand. Form PTO-2038 is attached.   The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number   Applicant claims SMALL ENTITY status. See 37 CFR 1.27.   Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g/2).    NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered entorney or agent; or the assignce or other party in National Signature   Date   OCT, 21, 2005    Typed or printed game   LENSSMITH   Recipitation No.   L/3 130    Recipi	PLEASE NOTE recordation as se	Unless forth in	an assignee is identified bel 37 CFR 3.11. Completion of	OW, no assignee of	data will app	ear on the	type) : pateni. If on assigne	e is identified below, the do	Current has been filed for
Please check the appropriate assigned category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Government   4a. The following fee(s) are enclosed:   4b. Payment of Fee(s):   A check in the amount of the fee(s) is enclosed.   Payment of Fee(s):   A check in the amount of the fee(s) is enclosed.   Payment by credit cand. Form PTO-2038 is attached.   Payment by credit cand. Form PTO-2038 is attached.   Payment by credit cand. Form PTO-2038 is attached.   The Director is hereby authorized by pharge the required fee(s), or credit any overpayment, to Deposit Account Number   Fee (in course on extra copy of this form).    1. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.   D. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).    1. Applicant claims of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. oneseest as shown by the records of the United States Patent and Andermark Office.    1. Authorized Signature   LEN 5. SM/TN   Recipitation May 1.3 Q   Payment of Fee (if any) or to re-apply any previously paid issue fee to the application identified above. Other party in Pate   OCT, 21, 2005   Page	(A) NAME OF	SSIGNE	E				• -		- The section of the
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit cand. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number	NOVO	NOI	edisk ajs					•	•
Ab Payment of Fee(s):    Secretarion   Secre				es (will not be not					
A check in the amount of the (ce(s) is enclosed.  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies	an i de kotkaminë 19	c(s) arc c	nclosed:				I marvidual JA Cor	poration or other private grou	pentity Government
Advance Order - # of Copies  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number — (cnclose an extra copy of this form).  Change in Earlity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously gaid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in Date OCT, 21, 2005  Typed or printed game LENSSMITH  Registration No. 123, 130	ksue Fee			1			unt of the force) in		<del></del>
The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number	Publication Fo	t (No sm	all entity discount permitted)	) [	Payment b	y credit c	and. Form PTO-2038	osca, .	
La. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  The Director of the USPTO is requested to empty the Issue Fee and Publication Fee (if any) or to re-apply any proviously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in Austrorized Signature  Date OCT, 21, 2005  Typed or printed mane LEN 5.5 MITTH  Registration No. 4/2, 130	Advance Orde	r-#of(	opies	·	The Direct	tor is here	by authorized by the	ree the required feets), or on	-40
Typed or printed name LENS. SMITH  Registration by the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any proviously paid issue fee to the application identified above, interest as above by the records of the United States and Andersack Office.  Date OCT, 21, 2005  Registration No. 13.00	Change in Eatity	Status (f	rom status indicated above)		Deposit Accou	urst Numb	-14-144	(enclose an extra cop	y of this form).
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the applicant in other party in Date OCT, 21, 2005  Typed or printed mane LENSSMITH  Recitation Man. Recitation Man. Algorithm Man. Recitation Man. Algorithm Man. Recitation Man. Algorithm	L a. Applicant cl	aims SM.	ALL ENTITY status. See 37	CFR 1.27. (	b. Applicar	nt is no lo	neor claiming SMALL	FNTITY ctobus Can 12 CED	. 1 224-1421
Typed or printed game LEN 5. 5MITH  Reciprolice No. 4/3 139	NOTE: The Issue Fer	SPTO is and Pub he record	requested to apply the Issue lication Fee (if required) will be of the United Super Patent	Fee and Publication not be accepted to sure and Alademark O	on Pec (if any) from anyone of Tire.	) or to re-	apply any previously public applicant; a registe	raid issue fee to the application ared attorney or agent; or the a	a identified above.
Typed or printed mane LEN 5. 5M 1771	Authorized Signat	re <b>()</b> (	en m				•	_ •	•
his coffection of information is required by 37 CFR 1.311. The information is	Typed or printed a	ame	LENS. SM	17.14					:
A WINDOWS COMPANY OF A COUNTY OF THE VERY SECOND AND INVESTIGATION IN PROMISE IN A COUNTY OF THE PARK	his coffection of info	nution i	s required by 37 CFR (.311.	The information	S Propried to	ahea:	registration No	75/124	<del></del> _

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the individual case, and complete, including gathering, proparing, and this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

609 919 7741 Attorney Docket No.: 6248.200-US

**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Andersen et al.

Serial No.: 10/068,224

Group Art Unit: 3728

Filed: February 5, 2002

Examiner: Jimmy G. Foster

For: Composition for IVF

## CERTIFICATE OF FACSIMILE TRANSMISSION 571-273-2885

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Sir:

I hereby certify that the attached correspondence comprising:

1. Issue Fee (in duplicate)

was sent to the United States Patent and Trademark Office by telefax to the attention of Examiner Jimmy G. Foster, fax number (571)-273-2885.

Respectfully submitted,

Date: October 21, 2005

Novo Nordisk® Inc. Customer Number 23650 (609) 987-5800